

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90166 006 ****70.00

DOCUMENT # N00484

Entity Name

**CRIPPLED CHILDREN'S AID SOCIETY, INC., RUTH GREE
 N CHAPTER**

Principal Place of Business	Mailing Address
P.O. BOX 540172 35 JACARANDA ST. MERRITT ISLAND FL 32952	P.O. BOX 540172 MERRITT FL 32952



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0975992	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
JOHNSON, NORMA 735 JACARANDA ST. MERRITT ISLAND FL 32952				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, NORMA			NAME			
STREET ADDRESS	735 JACARANDA STREET			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL 32952			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLF, MARGE			NAME			
STREET ADDRESS	100 NORTH TROPICAL WAY			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL 32952			CITY-ST-ZIP			
TITLE	RS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELL, TONI			NAME			
STREET ADDRESS	1055 AUDUBON ROAD			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL 32953			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROWLEY, DOROTHY			NAME			
STREET ADDRESS	2155 CAPEVIEW ST			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL 32952			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MARGARET M. ROWLEY* 2-5-02 407-438-5499
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)